STATE OF NEVADA

ROSS MILLER Secretary of State



SCOTT W. ANDERSON Deputy Secretary for Commercial Recordings

Certified Copy

February 26, 2008

Job Number:

C20080215-1220

Reference Number: 00001734392-99

Expedite:

Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
LLC2849-2001-001	Articles of Organization	1 Pages/1 Copies
LLC2849-2001-005	Annual List	1 Pages/1 Copies
LLC2849-2001-002	Annual List	2 Pages/1 Copies
20050347581-85	Annual List	1 Pages/1 Copies
20060138552-22	Annual List	1 Pages/1 Copies



Respectfully,

ROSS MILLER Secretary of State

Certification Clerk

Commercial Recording Division

202 N. Carson Street Carson City, Nevada 89701-4069 Telephone (775) 684-5708 Fax (775) 684-7138

FILED # LLC 2849-01



DEAN HELLER Secretary of State

101 North Carson Street, Suite 3 Carson City, Novada 89701-4786 (775) 684 5708

Limited-Liability Company

Articles of Organization pursuant to his set

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MAR 2 1 2001

IN THE OFFICE OF

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		named limited-liability com	****	
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ANNUAL LIST OF MANAGERS OR MEMBERS OF:

JAA ENTERPRISES L.L.C.

FILE NUMBER

2849-2001

FOR THE PERIOD MAR 2002 TO 2003. DUE BY MAR 31, 2002. The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:

RA# 61182

- FOR OFFICE USE ONLY -FILED (DATE)

FILED#_

MAR 1 2 2002

IN THE OFFICE OF THE OF STATE

NATIONAL REGISTERED AGENTS INC OF

1000 E WILLIAM STREET #204 CARSON CITY NV 89701

 $\,\Box\,$ if the above information is incorrect, please check this box and a change of resident agent/address form will be sent.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

- Include the names and addresses, either residence or business, for all managers, or if none, its members. Last year's information has been preprinted. If you need to
 make changes, cross out the incorrect information and insert the new information above it. A manager, or if none, a member of the company must sign the form.
 FORM WILL BE RETURNED IF UNSIGNED.
- 2. If there are additional managers or members, attach a list of them to this form,
- 3. Return the completed form with the S85.00 filing fee. A S50 penalty must be added for failure to file this form by the deadline indicated at the top of this form. An annual list received more than 60 days before its due date shall be deemed an amended list for the previous year.
- Make your check payable to the Secretary of State. If you need a receipt, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of
 this completed form, an additional \$20.00 and appropriate instructions.
- 5. Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201, (775) 684-5708,

	FILING FEE: \$85.	00 PENALTY	: \$50.00
NAME		TITLE(S)	(Docyment will be rejected if Title not indicated)
JOSEPH A ARAMANDA	ryd glewn i mae'r radinaet eilan and au glei gag paggaryn rafryn ir synan fe'r ragael, yr ri chab eilafu eilafu		✓ MANAGER
P.O. BOX	STREET ADDRESS		CITY ST. ZIP
	2407 SARANAC		GLENVIEW IL 60025
NAME		TITLE(S)	(Document will be rejected if Title not indicated)
		1	MANAGER MEMBER
P.O. BOX	STREET ADDRESS		CITY ST. ZIP
NAME		TITLE(S)	(Document will be rejected if Title not indicated)
i			MANAGER MEMBER
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NAME		- TITLE(S)	(Document will be rejected if Title not indicated)
			MANAGERMEMBER
P.O. BOX	STREET ADDRESS		CITY ST. ZIP
declare, to the best of my knowledge under	penalty of perjury, that the above mention	oned entity has compli	ed with the provisions of chapter 364A of NRS.
Signature of Manager or Member			Date

ANNUAL LIST OF MANAGER OR MEMBER	KO AND KESIDENT	AGENT OF		
JAA Enterprises L.L.C.				2849-2001
(Name of Limited-Liability Compa	any)		. 1. 1	- N4
OR THE FILING PERIOD OF March 2004	то March 2005	Ke	v, 4-1-	عالم الم
e corporation's duly appointed resident agent in the State of Neveda	upon whom process can be see			200 MAY 2 5 2004
National Registered Agents, Inc. of NV		1 1 0 -		260
1000 East William Street, Suite 204		EX	P-	/ AS IN THE OFFICE OF
Carson City, NV 89701				825
OKECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR RESI	DENT AGENT INFORMATION			
portant: Read instructions before completing an	d returning this form.		THE ABOVE	SPACE IS FOR OFFICE USE ONLY
NAME.	(E)OCI		JECTED IF	TITLE NOT INDICATED)
Joseph A. Aramanda	X M	IANAGER _	T WEWRE	.n
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DEAN HELLER Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708
Website: secretaryofstate.biz

FILED#___

MAY 2 5 2004

Resident Agent Acceptance

General	instru	rtions	for	thic	form
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- Please print legibly or type; Black Ink Only.
 Complete all fields.
 Ensure that document is signed in signature field.

ABOVE	SPACE	IS FOR	OFFICE	UŞĘ	ONLY

In the matter of JAA ENTERPRISES L.L.C.	
(Name of business entity)	 ·
NATIONAL REGISTERED AGENTS, INC. OF NV	
(Name of resident agent)	
hereby state that on MARCH 21, 2001 accepted the appoint	ment as resident agent
for the above named business entity. The street address of th	e resident agent in this
state is as follows:	
1000 EAST WILLIAM STREET	SUITE 204
Physical Street Address	Suite number
CARSON CITY NEVADA	89701
City	Zip Code
Optional:	
Additional Mailing Address	Suite number
City State	Zip Code
Signature:	
6 20 7 7 1 2 1 5	
Daniel Jelut Hsst. Sec	5/24/04
Authorized Signature of R.A. or On Behalf of R.A. Company	Date

ANNUAL LIST OF MANAGERS OR MEMBERS OF:

JAA ENTERPRISES L.L.C.

FILE NUMBER

2849-2001 FOR THE PERIOD MAR 2005 TO 2006. DUE BY MAR 31, 2005. The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is: FOR OFFICE USE ONLY RA# 61182 FILED (DATE) Document Number Filed in the office of 20050347581-85 - Non Heller NATIONAL REGISTERED AGENTS INC OF Filing Date and Time Dean Heller 08/25/2005 10:50 AM Secretary of State 1000 E WILLIAM ST STE 204 Entity Number State of Nevada LLC2849-2001 CARSON CITY NV 89701 IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT. PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM. 1. Include the names and addresses, either residence or business. for all managers, or if none, its members. Last year's information has been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. A manager, or W none, a member of the company must sign the form. FORM WILL BE RETURNED IF UNSIGNED. 2. If there are additional managers or members, attach a list of them to this form. 3. Return the completed form with the \$125.00 filling fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.

Make your check payable to the Secretary of State. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions. 5. Return the completed form to: Secretary of State, 202 N. Carson St., Carson City. NV 89701-4201. (775) 684-5708. 6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. PENALTY: \$75.00 FILING FEE: \$125.00 TITLE(S) (Document will be rejected if Title not indicated) MEMBER MANAGER ARAMANDA **JOSEPH** CITY ADDRESS GLENVIEW 60025 MANAGER 2407 SARANAC TITLE(S) (Document will be rejected if Title not indicated) MANAGER MEMBER P.O. BOX ADDRESS TITLE(S) (Document will be rejected if Title not indicated) MEMBER MANAGER P.O. BOX ADDRESS TITLE(S) (Document will be rejected if Title not indicated) MEMBER MANAGER P.O. BOX ADDRESS

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has compiled with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowledge offer any false or forged instrument for filling in the Office of the Secretary of State.

TITLE(S)

X Signature of Manager or Managing Member

ADDRESS

MAM

P.O. BOX

Date 8/20/05

(Document will be rejected if Title not indicated)

MANAGER

CLTY

MEMBER

01CSSA2 (Rev 09/03

ANNUAL LIST OF MANAGERS OR MEMBERS OF:

JAA ENTERPRISES L.L.C. FOR THE PERIOD MAR 2006 TO 2007. DUE BY MAR 31, 2006.

The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:



LLC2849-2001

NATIONAL REGISTERED AGENTS INC OF 1000 E WILLIAM ST STE 204 CARSON CITY NV 89701 Filed in the office of

Dean Heller
Secretary of State
State of Nevada

Document Number 20060138552-22

Filing Date and Time

03/03/2006 7:41 AM

Entity Number

LLC2849-2001

A CHANGE OF RESIDENT AGEN	NCORRECT, PLEASE CHECK THIS ! NT/ADDRESS FORM WILL BE SENT.	BOX AND	THE ABOVE SPACE IS FOR OFFICE USE ONLY
PLEASE READ INSTRUCTIONS BEFOR	RE COMPLETING AND RETURNING TH	HIS FORM	
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NAME	FILING FEE:		TY: \$75.00
		TITLE(S)	(Document will be rejected if Title not indicated)
JOSEPH A ARAMANDA			MANAGER MEMBER
P.O. BOX	ADDRESS		CITY ST. ZIP
2407 SARANAC		i TITLE(S)	GLENVIEW IL 60025
		11ILE(S)	(Document will be rejected if Title not indicated)
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Bignature of Manager or Managing Membe	or .		Date 01/05)